## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

	R./DIST./DIV. CODE / A W	2. PERSON R	PRESENTED I, SON T				VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER			4. DIST. DKT./I 2:15-120J		ER 5. APP	5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER		
				8. PAYMENT CATEGORY		E PERSON REPR	ESENTED	10. REPRESENTATION TYPE (See Instructions)		
US v. NGUYEN Felony				Ac	Adult Defendant Criminal Case			ase		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.  1) 21 841A=CD.F CONTROLLED SUBSTANCE - SELL, DISTRIBUTE, OR DISPENSE										
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS GRANT, JEFFREY C.					1	13. COURT ORDER  Solve O Appointing Counsel  F Subs For Federal Defender  R Subs For Retained Attorney				
Sutie 3401 1301 Fifth Avenue					□ P	Prior Attorney's Name:				
Seattle WA 98101						Appointment Date:				
Telephone Number:					otherwis (2) does	☐ Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require; the attorney whose name appears in Item 12 is appointed to represent this person in this case,				
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) SKELLENGER BENDER					tions) or	or  Other (See Instructions)				
1301 FIFTH AVE.						Signature of Presiding Judicial Officer or By Officer of the Court				
STE. 3401 SEATTLE WA 98101-2605						04/21/2015  Date of Order  Nunc Pro Tunc Date				
						Repayment or partial repayment ordered from the person represented for this service at time of appointment. $\square$ YES $\square$ NO				
		CLAIM FOR SI	ERVICES AND EX	PENSES				FOR COURT USE	ONLY	
	CATEGORIES (Attac	h itemization of s	ervices with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	
15.	a. Arraignment and/or Plea									
	b. Bail and Detention Hearings									
١. ا	c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets)									
I n										
С									383	
o u										
r t							4.73			
	(Rate per hour = \$ ) TOTALS:						****			
16. O	b. Obtaining and reviewing records									
ŭ										
o f	c. Legal research and brief writing									
C	d. Travel time									
ŭ r t	c. Investigative and Other work (specify on additional sheets)									
-	(Rate per hour	= \$	) TO	TALS:						
17.	Travel Expenses	(lodging, parkin	g, meals, mileage, e	etc.)			4			
18. Other Expenses (other than expert, transcripts, etc.)										
GRAND TOTALS (CLAIMED AND ADJUSTED):										
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO						20. APPOINTME IF OTHER T	ENT TERMINATION HAN CASE COMPLI		ASE DISPOSITION	
22. CLAIM STATUS  Final Payment Interim Payment Number  Supplemental Payment Payment Blave you previously applied to the court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets.										
I swear or affirm the truth or correctness of the above statements.										
Signature of Attorney:										
23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL E						T T			AMT, APPR / CERT	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER						DATE 28a. JUDGE / MAG. JUDGE CO		E / MAG. JUDGE CODE		
29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL 1					VEL EXPENSE	32. OTHER EXPENSES 33. TOTAL AMT. APPROVED		AMT, APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Pay approved in excess of the statutory threshold amount.						DATE		34a. JUD	GE CODE	